

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90123 002 ***150.00

DOCUMENT # P01000040112

1. Entity Name

RAYMOND J. DOREMUS, D.D.S., P.A.

Principal Place of Business

4900 W LINTON BLVD #11
DELRAY BEACH FL 33445

Mailing Address

4900 W LINTON BLVD #11
DELRAY BEACH FL 33445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1698243

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUTHERFORD, MULHALL & WARGO, P.A.
2600 N MILITARY TRAIL FOURTH FLOOR
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00 / \$50
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOREMUS, RAYMOND J DDS 2650 NW 23RD WAY DELRAY BEACH FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/10/02 5614957277

CR2E034 (4/02)

RAYMOND J. DOREMUS, D.D.S., PA

Attachment
701000040112

121484

4900 West Linton Boulevard
Bocaray Plaza, Suite 11
Delray Beach, Florida 33445

Telephone: (561) 495-7277 • Fax: (561) 495-9458

~~JULY~~
June 10, 2002

Dept. of State
Uniform Business Report Division

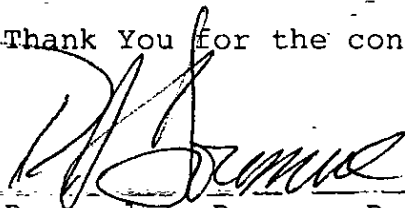
Dear Sir,

I have been in practice as a dentist in Floride since 1981 as
as a sole propriator. Last year (July,2001) I incorporated my
business and became a P.A.

I have used the same accountant for 16 years. I send all
paperwork directly to him. I open all my own mail. As soon as
I received this "Uniform Business Report" form I forwarded it
to him. I never received any other requests from your office for
anything.

I have enclosed a check for the \$150 fee which I would have
paid in a timely fashion had I ever had the opportunity.

← Thank You for the consideration,



Raymond J. Doremus D.D.S., P.A.